

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

CHRISTINEPAC

ADDRESS (number and street)

PO BOX 4203

☐ Check if different  
than previously  
reported. (ACC)

WILMINGTON

DE

19807

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00492215

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MELODIE JOHNSON

Signature of Treasurer

MELODIE JOHNSON

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 15 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CHRISTINEPAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		11678.12
(b) Cash on Hand at Beginning of Reporting Period.....	11678.12	
(c) Total Receipts (from Line 19) .....	28073.50	28073.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	39751.62	39751.62
7. Total Disbursements (from Line 31) .....	38140.56	38140.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1611.06	1611.06
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	29097.42	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**CHRISTINEPAC**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized .....

4165.00

4165.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

4165.00

4165.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

4165.00

4165.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

20500.00

20500.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

3408.50

3408.50

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

28073.50

28073.50

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

28073.50

28073.50

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	37340.56	37340.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	37340.56	37340.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	800.00	800.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	38140.56	38140.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38140.56	38140.56

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4165.00	4165.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4165.00	4165.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	37340.56	37340.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	37340.56	37340.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 17

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☒ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**CHRISTINEPAC**

Full Name (Last, First, Middle Initial)

**A. CHRISTINE O'DONNELL**

Mailing Address PO BOX 4441

City

WILMINGTON

State

DE

Zip Code

19807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

AUTHOR/SPEAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 13 / 2014

**Transaction ID : SA13.5573**

Amount of Each Receipt this Period

12500.00

LOAN FROM PERSONAL FUNDS

Full Name (Last, First, Middle Initial)

**B. CHRISTINE O'DONNELL**

Mailing Address PO BOX 4441

City

WILMINGTON

State

DE

Zip Code

19807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

AUTHOR/SPEAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2014

**Transaction ID : SA13.5575**

Amount of Each Receipt this Period

8000.00

LOAN FROM PERSONAL FUNDS

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

20500.00

20500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 17

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**CHRISTINEPAC**

Full Name (Last, First, Middle Initial)

## **A. CAPITOL HILL LISTS LLC**

Mailing Address 1252 RAMBLING RILL CIR

City  
STATHAM

State Zip Code  
GA 30666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2014

**Transaction ID : SA17.5579**

Amount of Each Receipt this Period

250.00

LIST RENTAL INCOME

Full Name (Last, First, Middle Initial)

## **B. CONSERVATIVE CONNECTOR**

Mailing Address 435 EAST MAIN STREET  
STE 250

City  
GREENWOOD

State Zip Code  
IN 46143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2158.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : SA17.5576**

Amount of Each Receipt this Period

2158.50

LIST RENTAL INCOME

Full Name (Last, First, Middle Initial)

## **C. POLITICAL INNOVATIONS LLC**

Mailing Address PO BOX 1902

City  
SPRING

State Zip Code  
TX 77383

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA17.5577**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3408.50

3408.50





<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CHRISTINEPAC

### A. COMCAST



Mailing Address ONE COMCAST CENTER

City	State	Zip Code
PHILADELPHIA	PA	19103

Transaction ID : SB21B.5551

Purpose of Disbursement	
UTILITIES	

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

169.50

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**B. CRC PUBLIC RELATIONS**

Date of Disbursement

M M / D D / Y Y Y Y  
01 14 2014

Mailing Address 2760 EISENHOWER AVENUE  
4TH FLOOR

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : SB21B.5557

Purpose of Disbursement	PUBLIC RELATIONS CONSULTING
-------------------------	-----------------------------

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

12500.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**C. CRC PUBLIC RELATIONS**

Date of Disbursement

Mailing Address 2760 EISENHOWER AVENUE  
4TH FLOOR

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : SB21B.5567

Purpose of Disbursement	PUBLIC RELATIONS CONSULTING
-------------------------	-----------------------------

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

12500.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

25169.50

**TOTAL** This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CHRISTINEPAC

### A. DELMARVA POWER UTILITY

Date of Disbursement

Transaction ID : SB21B.5541

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Country	Percentage
United States	100%
Canada	95.80%
United Kingdom	95.80%
Germany	95.80%
France	95.80%
Italy	95.80%
Spain	95.80%
Japan	95.80%
South Korea	95.80%
Australia	95.80%
New Zealand	95.80%
Israel	95.80%
Taiwan	95.80%
Singapore	95.80%
Hong Kong	95.80%

## B. DELMARVA POWER UTILITY

Date of Disbursement

03 / 11 / 2014

Transaction ID : SB21B.5552

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Response	Percentage
Yes	119.61
No	10.39

**C. GREENVILLE PLACE LLC**

Date of Disbursement



Transaction ID : SB21B.5764

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

1860.00

2119.41

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 17

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**CHRISTINEPAC**

Full Name (Last, First, Middle Initial)

**A. GREENVILLE PLACE LLC**

Mailing Address 248 PRESIDENTIAL DRIVE

City GREENVILLE      State DE      Zip Code 19807

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
01      28      2014
**Transaction ID : SB21B.5767**

Amount of Each Disbursement this Period

1860.00

Full Name (Last, First, Middle Initial)

**B. GREENVILLE PLACE LLC**

Mailing Address 248 PRESIDENTIAL DRIVE

City GREENVILLE      State DE      Zip Code 19807

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
03      03      2014
**Transaction ID : SB21B.5768**

Amount of Each Disbursement this Period

1860.00

Full Name (Last, First, Middle Initial)

**C. ST. ERMINS HOTEL**

Mailing Address 2 CAXTON ST

City LONDON UK SW1H 0QW      State ZZ      Zip Code 99999

Purpose of Disbursement  
TRAVEL - MULTIPLE NIGHTS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
01      17      2014
**Transaction ID : SB21B.5534**

Amount of Each Disbursement this Period

255.52

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3975.52

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CHRISTINEPAC

### A. ST. ERMINS HOTEL

Mailing Address 2 CAXTON ST

City	State	Zip Code
LONDON UK SW1H 0QW	ZZ	99999

Purpose of Disbursement	TRAVEL
-------------------------	--------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.5537

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	27.11
25-34	20.00
35-44	16.67
45-54	13.33
55-64	10.00
65-74	6.67
75-84	3.33
85+	0.00

Full Name (Last, First, Middle Initial)

## B. UNITED STATES TREASURY

Mailing Address IRS

City	State	Zip Code
OGDEN	UT	84201

Purpose of Disbursement
TAXES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.5562

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

### C. UNITED STATES TREASURY

Mailing Address IRS

City	State	Zip Code
OGDEN	UT	84201

Purpose of Disbursement
TAXES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y  
02 22 2014

Transaction ID : SB21B.5568

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3027.11

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CHRISTINEPAC

## A. UNITED STATES TREASURY

Date of Disbursement

Transaction ID : SB21B.5572

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

1500.00

Date of Disbursement

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Date of Disbursement

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

1500.00

36315.53

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

CHRISTINEPAC

**A. KENT COUNTY REPUBLICAN CMTE**

Category/  
Type

800.00

State:  District:

**B.**

Category/  
Type

State:  District:

C.

Category/  
Type

State:  District:

800.00

800.00

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 15 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5573

**CHRISTINEPAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)

CHRISTINE O'DONNELL

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address PO BOX 4441

City WILMINGTON

State DE

ZIP Code 19807

Original Amount of Loan

12500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12500.00

**TERMS**

Date Incurred

MM / DD / YYYY  
01 / 13 / 2014

Date Due

MM / DD / YYYY  
12/31/14

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

12500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 16 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5575

**CHRISTINEPAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)

CHRISTINE O'DONNELL

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address PO BOX 4441

City WILMINGTON

State DE

ZIP Code 19807

Original Amount of Loan

8000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8000.00

**TERMS**

Date Incurred

MM / DD / YYYY  
02 / 21 / 2014

Date Due

MM / DD / YYYY  
12/31/14

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

8000.00

**TOTALS** This Period (last page in this line only)..... ►

20500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 17 OF 17

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CHRISTINEPAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**COMPLIANCE CONSULTING LLC**

Nature of Debt (Purpose):

**COMPLIANCE CONSULTING**Mailing Address **PO BOX 365**

City State

Zip Code

**MCLEAN****VA****22101**

Outstanding Balance Beginning This Period

**0.00**Transaction ID : **SD10.5761**

Amount Incurred This Period

**2992.50**

Payment This Period

**0.00**

Outstanding Balance at Close of This Period

**2992.50**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**FOLEY & LARDNER LLP**

Nature of Debt (Purpose):

**LEGAL CONSULTING**Mailing Address **3000 K STREET NW, STE 600**

City State

Zip Code

**WASHINGTON****DC****20007**

Outstanding Balance Beginning This Period

**0.00**Transaction ID : **SD10.5760**

Amount Incurred This Period

**5604.92**

Payment This Period

**0.00**

Outstanding Balance at Close of This Period

**5604.92**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►**8597.42**2) **TOTALS** This Period (last page this line number only)..... ►**8597.42**3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►**20500.00**4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►**29097.42**